tervention than of the natural progress of the affection. At this time the disease seemed to remain stationary. The pleuropulmonary lesions were improved, permanent cold and cyanosis of limbs disappeared and the other symptoms were diminished. Nine months after the onset of hemiatrophy the patient made a pilgrimage to Lourdes and came back free, she said, from all suffering; indeed the psychical improvement was considerable. Moral depression gave way to great hope, and under the influence of the new mental orientation the patient was seized with bulimia, which helped not a little in overcoming the tuberculous lesions. In March, 1900, there was diminution of respiration in the left apex, in the supraspinal fossa as well as in the supraclavicular. The vibrations there were less than in the corresponding side, but there were few râles. The eye remained as before. The temporal fossa and the left cheek had deep hollows, and the skin was adherent to the tissues. The muscles and skin remained as formerly, except for slightly increased dryness. Hair, which in the front parietal region had dried and fallen out while the illness was augmenting, now grew naturally; and most remarkably a frontoparietal hyperstosis, very painful to pressure and like diffuse periostosis, though the patient was free from syphilis, disappeared without specific treatment at the same time that the hair began to grow again.

To interpret these two observations, one must recall, says the author, the situation and branches of the inferior cervical ganglion. This, really a thoracic ganglion, is situated in a small hollow which forms the top of the parietal pleura with which it is in direct relation, and one will see that it may be involved in the processes of pachypleurite of which the apex of the lung may be the source. On the other hand, it is in relation with the articulation of the head of the first side, the first dorsal vertebra, and behind that are the inferior verves of the brachial plexus. Finally, before this in the infraclavicular artery, which Vieussens' valve, when it exists, surrounds completely. Ordinarily it receives the ramifications of the last two cervical verves and of the first dorsal. From this ganglion also radiate the superior fibers which form the vertebral nerve and the anastomose fibers which may be in relation with the carotid plexus through the intervention of the superior cervical ganglion; then the external fibers which follow the vessels of the arm, and finally the internal fibers, to the inferior cardiac nerve or the third cardiac nerve. This distribution and anatomical relation, explain why the patients showed: (1) vasomotor troubles, trophic and secretory of the left half of the face and neck; (2) cold cyanosis and hyperhidosis of arms; (3) crises of cardiac acceleration. The sound of the left subclavicular artery which surrounds Vieussens' valve is explained very well also by a pleuropulmonary infiltration near by. It is judged, then, that the symptoms presented by both patients were the result of a lesion of the inferior cervical ganglion; and it is thought that the lesion was attributable to a process of tuberculous pachypleuritis surrounding this ganglion. JELLIFFE.

MISCELLANY.

EXCISION OF THE SPINE BIFIDA AND ENCEPHALOCELE. John Lithgow (British Medical Journal, January 18, 1902).

Within the past few years the old method of treatment for these affections by injection of Morton's fluid has been almost discarded for the newer and more surgical method of excision. The author reports a case of spina bifida of meningocele variety about the size of a hen's egg. During spasms of whooping cough the tension in the sac became so great that there was danger of rupture, so when the spasmodic

cought subsided the sac was excised. The child was all right a year later. Lithgrow also removed from a child twelve days old an encephalocele as big as the child's head and attached by a pedicle to the occipital region. The child did well after operation, but fourteen days later, when all danger was considered to be past, death suddenly resulted after some convulsive seizures. The tumor was lined throughout with brain substance and was filled with fluid.

W. A. BASTEDO (New York).

THE TREATMENT OF TOXIC AMBLYOPIA. Dr. Terrien (Le Progrès Médical, April 19, 1902).

In toxic amblyopia the treatment is symptomatic after stoppage of tobacco or other poison. For insomnia or nervousness small doses of opium and bromide of potassium may be given for a few days, and then strychnine begun. This is best given in one milligram doses subcutaneously, once a day, but if this treatment is inconvenient it may be given in pills.

℞	Strychnin. sulph.	0.001 (gr. 1-60).
	Quassinæ amorph.	0.01 (gr. 1-6).
	Pulv. rhei.	q. s. ad pil. No. 1.

Take one such three times a day. At the same time electricity, the continuous current in strength just short of being painful, should be employed once a day. One sponge-electrode may be placed on the forehead and the other stroked alternately beneath the eyes.

W. A. BASTEDO (New York).....

THE TREATMENT OF THE DIGESTIVE ORGANS FOR MENTAL AND NERVOUS CONDITIONS. Franz Glénard (Le Progrès Médical, March 8, 1902).

The abuse of castration, trephining, sympathectomies, etc., owing to false theories of the causation of disease, has tended to retard truly indicated surgical measures. There is undoubtedly an enteroptosic neurosis, a hepatic neurasthenia and a hepatic agoraphobia, which require for treatment regulation of the diet and laxatives, instead of bromides, hydrotherapy and tonics. In the neuroses, after an alimentary régime, no medication is better than purgatives and chologogues for combatting insomnia, debility, dyspepsia and moral depression. In every neurosis or psychosis the digestive apparatus should be explored, including the liver, intestine, stomach, kidney and spleen as to their size, consistency, sensitiveness, location, relation and degree of fixity. The organ most frequently at the bottom of a neurasthenia is the liver, and who would deny that the mental functions become sluggish when the digestive tract is working poorly. Macpherson, at the Stirling insane asylum, submits all the patients to lavage of the stomach, laxatives, intestinal antisepsis and strict diet. Glénard cites several cases, as follows: A young woman with enteroptosis who had eaten some forbidden food, wept and became highly neurotic, but soon after the administration of sodium bicarbonate became quite herself again. A young man of sedentary habits was attacked with neurasthenic anxiety and digestive cachexia with vomiting, so that it was feared that he would die. He recognized nobody and talked as if insane, but after vomiting excessively following tickling of the uvulva, he became rational, slept well, and the next morning was in his usual health. Therefore there do exist in digestive pathology conditions in which the effect on the nervous system is undeniable. Piqué says that digestive intervention is especially efficacious in the psychoses of depression, as melancholia. The author had such a case with gastro-hepatic crises, in which stenosis of the hepatic flexure of the colon was